

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: VALKIRS et al.

Title: DIAGNOSTIC MARKERS OF
STROKE AND CEREBRAL
INJURY AND METHODS OF
USE THEREOF

Appl. No.: 10/714,078

Filing Date: 11/14/2003

Examiner: Cook, Lisa V.

Art Unit: 1641

Confirmation 2621

Number:

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Response to Office action (26 pages).

[] Information Disclosure Statement (3 pages).

[] PTO SB/08 Form (2 pages).

[] References A5-A20 enclosed.

[] Decision on Appeal 2007-0628 (11 pages).

[X] The fee required for additional claims is calculated below:

	Claims				Extra			
	As	Previously			Claims			Additional
	Amended	Paid For			Present		Rate	Claims Fee
Total Claims:	10	-	31	=	0	x	\$50.00	\$0.00
Independent Claims:	1	-	3	=	0	x	\$200.00	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00				\$0.00
					CLAIMS FEE TOTAL			\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$120.00	\$0.00
[X] Extension for response filed within the second month:	\$450.00	\$450.00
[] Extension for response filed within the third month:	\$1,020.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,590.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSION FEE TOTAL:	\$450.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$450.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:	\$0.00
[X] IDS Fee in Accordance with 37 C.F.R. § 1.17(p):	\$180.00	
	TOTAL FEE:	\$630.00

The above-identified fees of \$630.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. § 1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 06/18/2007

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